

03/19/01
JCS35 U.S. PRO

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Please type a plus sign (+) inside this box [+]

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 80398.P349

(maximum 12 characters)

First Named Inventor Tara Burnhouse

Title: FUTURE PROGRAM ACTION INDICATION DISPLAY

Express Mail Label No. EL371005976US

JCS35 U.S. PRO
09/812417
TO/ST/CE

ADDRESS TO: **Assistant Commissioner for Patents
Box Patent Application
Washington, D. C. 20231**

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. X **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)
2. **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. X **Specification (Total Pages 16)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. X **Drawings(s) (35 USC 113) (Total Sheets 9)**
5. X **Oath or Declaration (Total Pages 5)**
 - a. Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
 - i. **DELETIONS OF INVENTOR(S)** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
 - c. X Unsigned.
6. **Application Data Sheet. (37 CFR 1.76)**
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

Parameter	Unit	Value	Standard Error	95% CI	P-value
Intercept		1.00	0.00	1.00	0.00
Age	Year	0.02	0.01	-0.01, 0.05	0.15
Sex					
Male		0.01	0.02	-0.03, 0.05	0.78
Female		0.01	0.02	-0.03, 0.05	0.78
Education	Year	0.01	0.01	-0.01, 0.03	0.42
Income	Year	0.01	0.01	-0.01, 0.03	0.42
Health status					
Good		0.01	0.02	-0.03, 0.05	0.78
Poor		0.01	0.02	-0.03, 0.05	0.78
Smoking status					
Smoker		0.01	0.02	-0.03, 0.05	0.78
Nonsmoker		0.01	0.02	-0.03, 0.05	0.78
Alcohol consumption					
Drinker		0.01	0.02	-0.03, 0.05	0.78
Nondrinker		0.01	0.02	-0.03, 0.05	0.78
Family size					
Small		0.01	0.02	-0.03, 0.05	0.78
Large		0.01	0.02	-0.03, 0.05	0.78
Marital status					
Married		0.01	0.02	-0.03, 0.05	0.78
Single		0.01	0.02	-0.03, 0.05	0.78
Religious affiliation					
Protestant		0.01	0.02	-0.03, 0.05	0.78
Catholic		0.01	0.02	-0.03, 0.05	0.78
Jewish		0.01	0.02	-0.03, 0.05	0.78
Muslim		0.01	0.02	-0.03, 0.05	0.78
Other		0.01	0.02	-0.03, 0.05	0.78
Occupation					
Professional		0.01	0.02	-0.03, 0.05	0.78
Managerial		0.01	0.02	-0.03, 0.05	0.78
Clerical		0.01	0.02	-0.03, 0.05	0.78
Service		0.01	0.02	-0.03, 0.05	0.78
Unemployed		0.01	0.02	-0.03, 0.05	0.78
Region					
North		0.01	0.02	-0.03, 0.05	0.78
South		0.01	0.02	-0.03, 0.05	0.78
East		0.01	0.02	-0.03, 0.05	0.78
West		0.01	0.02	-0.03, 0.05	0.78
Season					
Spring		0.01	0.02	-0.03, 0.05	0.78
Summer		0.01	0.02	-0.03, 0.05	0.78
Autumn		0.01	0.02	-0.03, 0.05	0.78
Winter		0.01	0.02	-0.03, 0.05	0.78

- 18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority.

18B. Statement under 37 CFR 3.73(b) for continuing application:

19.	Correspondence Address
-----	------------------------

Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397

Signature: Gore Vainant Date: 3/19/01

FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$)** 934.00**Complete if Known:****Application No.** Not yet assigned**Filing Date** Herewith**First Named Inventor** Tara Burnhouse**Group Art Unit** Not yet assigned**Examiner Name** Not yet assigned**Attorney Docket No.** 80398.P349**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666
Deposit Account Name _____

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check
☐ Credit Card
☐ Money Order
☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>		
101	710	201	355	Utility application filing fee	<u>710.00</u>
106	320	206	160	Design application filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional application filing fee	_____

SUBTOTAL (1) \$ 710.00**2. EXTRA CLAIM FEES**

		<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u>28</u>	- 20** = <u>8</u>	X <u>18.00</u>	= <u>144.00</u>
Independent Claims	<u>4</u>	- 3** = <u>1</u>	X <u>80.00</u>	= <u>80.00</u>
Multiple Dependent				= _____

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 224.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for ex parte reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for reply within first month	_____
116	390	216	195	Extension for reply within second month	_____
117	890	217	445	Extension for reply within third month	_____
118	1,390	218	695	Extension for reply within fourth month	_____
128	1,890	228	945	Extension for reply within fifth month	_____
119	310	219	155	Notice of Appeal	_____
120	310	220	155	Filing a brief in support of an appeal	_____
121	270	221	135	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive - unavoidable	_____
141	1,240	241	620	Petition to revive - unintentional	_____
142	1,240	242	620	Utility issue fee (or reissue)	_____
143	440	243	220	Design issue fee	_____
144	600	244	300	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Processing fee under 37 CFR 1.17(q)	_____
126	180	126	180	Submission of Information Disclosure Stmt	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	_____
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	_____
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	_____
179	710	279	355	Request for Continued Examination (RCE)	_____
169	900	169	900	Request for expedited examination of a design application	_____
195	300	195	300	Publication fee for early, voluntary, or normal publication	_____
196	300	196	300	Publication fee for republication	_____
194	130	194	130	Request for voluntary publication or republication	_____
098	130	098	130	Processing fee under 37 CFR 1.17(i)	_____
091	1,240	091	1,240	Acceptance of unintentionally delayed claim for priority	_____

Other fee (specify) _____

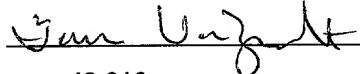
Other fee (specify) _____

SUBTOTAL (3) \$ _____

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Tom Van Zandt

Signature:  Date: 3/19/01

Reg. Number: 43,219 Telephone Number: (408) 720-8300

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.